

iii.

urch,
D. L.
W.

J. N.
T. C.
, and

bride's
r. Mr.
Mattie
cance

, Pa.
ghany
Davis,

, 1870,
ev. R.
Caro-

William
county,
ster of
county,

Nov. 3,
John
ey, M.

bride's
e Rev.
d Sue

e's pa-
Don-
oyt, of

aviour,
ev. R.
laxton,
Beale
laxton,
city.

on Oct.
James
of New

ence of
Christian
O., and
O.

ember
ce, as
d Imo-
lton.

ckahoe,
bride's
chester,
aries J.

at the
orge D.
zie G.,
Va.

linus S.
Bliza-

he 15th
Wallace.

THE

MEDICAL AND SURGICAL REPORTER.

No. 718.]

PHILADELPHIA, DECEMBER 3, 1870.

[Vol. XXIII.—No 23.]

ORIGINAL DEPARTMENT.

COMMUNICATIONS.

SUCCESSFUL TREATMENT IN THREE CASES OF TETANUS.

By GEO. O. BUTLER, M. D.,

Of Cleveland, Ohio.

In bringing these cases of idiopathic and traumatic tetanus before the medical profession, the importance of explicit truthfulness, and avoidance of error in diagnosis is apparent.

My aim to accomplish the former is sufficient apology for these somewhat detailed statements; that an error in diagnosis was not committed, each reader may decide *per se*.

CASE I.—In the afternoon of March 11th, 1870, I was called to visit Mrs. S., æt. 21. Her case was detailed as follows: About 36 hours previous to my call, while in apparent good health, she was seized with convulsive muscular spasms, confined chiefly to the extremities. These convulsive twitchings or "spasms" occurring with intervals of 20 to 40 minutes, up to the time of my visit.

I found Mrs. S. with jaws firmly locked, which condition had been present during two hours previous to my call, accompanied with incessant jactitation, and occasional well-marked opisthotonos; pulse, 120, wiry; skin harsh and dry.

Learning from the husband and mother that the physicians in charge had given morphia in full doses, combined with antispasmodics without any avail, and pronounced the case hopeless, I advised tinct. verat. vir., followed by evacuating enemata.

March 12th, 6 A. M. Called in haste to visit Mrs. S.; found patient in agony; every symptom of tetanus greatly aggravated. Determining to test the nauseant and prostrating

effects of lobelia inflata, I discontinued veratrum; ordered enemata infus. lobeliæ inflat. to be given every fifteen minutes. Distressing nausea followed in about an hour, accompanied with profuse perspiration. Just at the moment when syncope from nausea seemed imminent, the locked jaws opened, and emesis was established. That agonizing rigidity of the entire muscular system so distressing in this disease gradually yielded at termination of an hour, and patient comparatively comfortable; pulse 90, little irregular; skin bathed in profuse perspiration; discontinued lobelia enemata, and directed bromide potassium, grs. 30, every hour.

March 12th, 12 M. Called in great haste; found tetanic convulsions again violent; jaws locked; patient deaf, dumb and blind; pulse 120; agony extreme; again ordered enemata of lobelia to be given every fifteen minutes. Prostrating nausea followed in half an hour. At this point the jaws opened, and emesis afforded great relief. All tetanic rigidity gradually relaxed; at termination of an hour patient apparently comfortable; pulse 95, regular; skin moist; discontinued bromide of potassium; ordered:

R. Fol. lobel. inflat., $\frac{3}{4}$ ij.
Aque destil., $\frac{3}{4}$ xij.
F. inf. A.

Teaspoonful to be given every half hour—sufficiently often to maintain a constant diaphoresis.

March 13, A. M. Patient perspiring freely; had no return of convulsions during night; slightly nauseated; pulse 85; skin moist; continued lobelia. Ordered hydrarg. chlo. mite., grs. iij. Pulv. rhei., grs. x.

March 13, P. M. Patient comfortable; little nervous; skin moist; pulse 90. Continued lobelia. Gave pulv. doveri, grs. vi, at bedtime.

March 14, A. M. Found patient comfortable; no return of spasms; pulse 90, regular;

slight nausea; skin moist. Continued lobelia in half the quantity. Ordered ol. ricini, $\mathfrak{z}\mathfrak{j}$.

March 14, P. M. Patient perspiring freely; had three dejections from bowels; pulse 85; speech and sight restored; still deaf. Gave lobelia as A. M. Pulv. doveri, grs. vj, at bedtime.

March 15. No change; continued treatment as yesterday.

March 16. Patient slept well; pulse 90; perspiring freely. Ordered pulv. doveri, grs. iv, every two hours, also alkaline bath. Continued lobelia.

March 17. Patient rested well; perspiring freely; pulse 85; tongue coated with white fur. Gave blue mass, gr. vj. Continued lobelia and dover's.

March 18. Bowels moved once; pulse 80; skin moist. Continued lobelia.

March 19. Patient comfortable; hearing partially restored. Directed tinct. cincho. comp., $\mathfrak{z}\mathfrak{j}$. every four hours.

March 30. Patient convalescent.

TRAUMATIC TETANUS.

CASE II.—Aug. 15. By request of the friends, called to see Mr. Jordan, living in Rockport, nine miles distant from Cleveland; $\text{set. } 45$; weight, 170 pounds; powerful muscular organization; temperate in habits. Ten days previous to my call had received an irregular incised wound, an inch below the elbow of the right arm, severing the extensor muscles, together with the ulnar nerve. Complete loss of motion of the hand. The wound at time of receipt was dressed by a Cleveland physician. Healed kindly by first intention. No peculiarity being appreciable except a cartilaginous hardness of cicatrix.

Two days previous to complete closure of the wound, stiffness of the neck accompanied by darting pains about the face and head, caused great anxiety to the family and physician who dressed the wound. On the second day after, being the day of complete closure of the wound, the family physician, a respectable practitioner, was called, who pronounced the case that of tetanus. On the following day I was called during the absence of the attending physician. Advised tinct. verat. vir. in full doses, which was continued by the attending physician for three days, during which time lock-jaw had fully set in.

Aug. 17. Was called in great haste to see Mr. J.—the physician in charge being quite ill, and unable to visit the case again. Found

patient with pinched features, expressive of greatest agony; great muscular excitement; frequent well-marked opisthotonos; pulse 120; skin harsh and dry; jaws closed to within fourth of an inch. Discontinued verat. vir.; ordered infusion of lobelia in $\mathfrak{z}\mathfrak{j}$ doses, every half-hour; nausea followed in one hour, with marked relief to severity of convulsions maintained a constant diaphoresis and nausea by frequently repeated doses. Waited three hours; patient perspiring freely; pulse 95; occasional jerking in arms and limbs; gave hydrarg. chlo. mit., grs. iij; podophyllin, grs. ij.

Aug. 18. Visited Mr. J.; found he had passed a restless night; pulse 95; skin moist; jaws still locked; occasional opisthotonos; did not dare to produce emesis, fearing strangulation from tight closure of mouth; had six dejections from bowels; wound in arm occasioning distress; applied fomentations, repeated the cathartic, and continued the lobelia, with intent to further prostrate.

August 19. Found patient very restless; occasional opisthotonos; pulse 95; skin moist and clammy; jaws still locked; had eight dejections from bowels. Directed increase of lobelia, and repeated cathartic.

August 20. Found patient still very restless; jaws locked; occasional opisthotonos; pulse 90; skin moist. Ordered vapor bath, gave lobelia every ten minutes; profuse perspiration and prostrating nausea, almost to syncope, followed. At this point, when strangulation seemed imminent, the locked jaws relaxed to the extent of an inch, and emesis afforded great relief. Ordered continued diaphoresis, and slight nausea be kept up by use of lobelia.

August 23. Visited patient every day since 20th, accompanied by physicians from Cleveland, none of whom disagreed in diagnosis, none hesitating to predict a fatal termination. Found patient more comfortable; increase of lobelia controlling more effectually the tetanic muscular irritability. Uneasiness in the wound induced me to dissect the hardened cicatrix from its adhesion to the ulna. Immediate relief followed; pulse sank to 85; patient able to open the jaws half way; had 19 dejections from bowels within 24 hours; muscular system becoming very much prostrated; perspiration intolerably offensive. Ordered alkaline bath, directed chloral hydrate, grs. v. every two hours. Continued lobelia as before.

August 24. Was called at night to see Mr. J. Found convulsions returned with increased severity; jaws locked; opisthotonos extreme; agony indescribable. Gave lobelia every 15 minutes. Nausea, with relaxation of jaws, and emesis; affording great relief within an hour. Tarried an hour. Patient comfortable. Directed a more profuse perspiration, and decided nausea to be preserved by frequently repeated doses of lobelia. Continued chloral hydrate. At this point a very singular phenomenon was manifested. On presenting a metallic spoon to the teeth a shock equal to that from a powerful galvanic battery agitated his entire frame, the relaxed jaws snapped together with force sufficient to crush the enamel on opposing surfaces of the teeth. Gave medicine and food out of a wide-mouthed glass bottle.

Aug. 30. Since Aug. 24, Mr. J. was visited by myself and Dr. Kingsley, on alternate days. Patient comfortable, perspiring profusely; perspiration still offensive; convulsions occurring at intervals of an hour or two; greatly diminished in violence; pulse, 85; able to open jaws to half their natural extent; had ten dejections from bowels since last visit; ordered chloral hydrate and lobelia alternately every hour.

Sept. 6. Visited patient on alternate days with Dr. Kingsley. Patient much improved; frequency of convulsions diminishing each day; gave lobelia at longer intervals; continued chloral hydrate; directed a tonic of bark.

Sept. 11. Found patient out of doors; had no convulsions for three days; ability to use fingers of wounded hand gradually returning; directed the continuance of bark. Discharged the patient as convalescent.

TRAUMATIC TETANUS.

CASE III. Through the kindness of my friend, Dr. Kingsley, I was again enabled to test the virtue of lobelia as a prostrating nauseant and powerful anti-spasmodic.

At three o'clock, P. M., of Sept. 2d, was called to meet in consultation three physicians, having under treatment a policeman, named Abbott, residing at 16 Laurel street, who, about 5 o'clock in the afternoon of the day before, had received a punctured wound on the dorsum of the left hand, penetrating to the bone. At time of wound a deathly faintness, entirely out of proportion to the magnitude of the injury, with total want of hemor-

rhage, greatly alarmed his friends. The family physician expressed fears as to the probability of tetanus ensuing. Mr. A. retired at 8 o'clock; about 11 o'clock—six hours after receipt of wound, lock-jaw, accompanied with general convulsions, set in. Family physician being called, asked, as counsel, a neighboring physician, and also a surgeon. During 16 hours previous to my call, morphia, by mouth and rectum, together with atropia in full doses, proved of no avail. I found Mr. A. speechless; jaws firmly locked; opisthotonos distinctly marked. I advised a discontinuance of morphia in any form; directed a cathartic of mercury and podophyllin to be given, promising to return shortly. At 9 o'clock of the same evening, accompanied by Dr. Kingsley, found Mr. A. at stool. Half an hour before magnesia citras, $\mathfrak{z}\text{iv}$, having been given, produced nausea and emesis, through the partially opened jaws.

I immediately placed Mr. A. in a vapor bath. Copious perspiration, with disposition to syncope, followed. Put patient to bed. Ordered infus. lobelia, as in previous cases, to produce and sustain copious perspiration during the night.

Sept. 3, 6½ A. M. Fearing a discontinuance of lobelia in my absence, visited Mr. A. at the above hour, and as predicted, the lobelia had been partly withheld. Found patient with harsh and dry skin; pulse 115; every symptom of impending convulsions. While remonstrating with nurse in regard to omitting lobelia, a terrible convulsion, terminating in well marked opisthotonos, confirmed my remarks. Renewed lobelia at intervals of 20 minutes. Patient soon became nauseated and composed. Directed lobelia as in previous cases.

Sept. 4. Patient quiet; had no return of convulsions; greatly prostrated. Continued lobelia.

Sept. 5. Patient comfortable; no return of convulsions; pulse 90. Ordered chloral hydrate, as in previous cases.

Sept. 8. Made daily professional calls to this date, during which time patient has continued toward a speedy convalescence. Now yield the patient up to the family physician.

The above three cases have entirely recovered. In regard to the pathology of tetanus I have nothing to offer.

From the preceding cases we think the following conclusions may be drawn:

1st. Lobelia, as a powerful nauseant, will control the circulation.

2d. Lobelia, as a prostrating nauseant, proves antispasmodic.

3d. Lobelia, as a powerful sudorific, eliminates whatever materia-morbi is conceived to act as the exciting irritant in tetanus.

NEW TREATMENT FOR ENTERIC OR TYPHOID, AND ALL IDIOPATHIC FEVERS.

By JOHN STEPHEN, M. D.,

Fellow of the College of Physicians and Surgeons of Reading, Pa.

Whether the doctrines inculcated by BROUSSAIS, and advocated by the modern French school of pathologists, who contend, that every fever is but a symptom of some local phlegmasia; or those held by the large majority of the British, Continental, and American physicians, who believe that fever is an essential or primary disease, independent of, though often modified by local inflammation, be the correct ones, we know that the idiopathic fevers, though differing in character from acute dysentery, have many similarities, and bear a strong relation to each other. The same causes, both predisposing and exciting, produce in one individual acute dysentery; in another, some form of primary fever, owing to certain individual peculiarities, or to the different degrees of intensity of the febrile poison. Intermittents, remittents, and the continued fevers, are frequently in some stage or other complicated by dysentery; while dysentery is very often found existing with some form of idiopathic fever, showing so close a relationship as to lead the calm observer to the conclusion that the primary pathological condition is, if not in all cases, at least in nearly all, the same.

Reasoning from this stand-point, led me to believe that ipecacuanha, in large doses, which exercises such a wonderful power over acute dysentery, disposing of it in such a summary manner, that it does not "stand on the order of its going, but goes at once," would prove equally as effectual in enteric, and possibly in all the forms of essential fever. I determined to give it a trial, selecting for the purpose from a number of cases of typhoid fever under treatment, the most severe and best marked case; the following being his

condition on the morning of the 17th day of October, 1870:

H. K—, aged twelve years; of rather feeble constitution, strong strumous diathesis; has been sick and under treatment for typhoid fever for nine days; pulse, very frequent; tongue, dry, smooth, brownish-red, and fissured; skin, hot and dry, without at any time any appearance of moisture; expression of countenance unfavorable; has much headache; hearing is somewhat affected; a few rose-colored spots are perceptible on the abdomen; no petechiæ; no sudamina; has for a week past refused to partake of any nourishment whatever; has more pain on pressure over the abdomen—more tympanitis and more frequent discharges than generally obtain at this early stage of the disease; the evacuations numbering between twenty and thirty in twenty-four hours. Discontinuing all other treatment, I ordered twenty drops of laudanum, to be followed in half an hour by twenty grains of powdered ipecacuanha in some sweetened water; from some antipathy to taking medicine in powder, he vomited it as soon as swallowed. I then exhibited the same dose in form of pill, with directions to repeat the dose in eight hours.

Oct. 18th. Patient is better; pulse not so frequent; tongue slightly moist round the edges; pain on pressure has nearly disappeared; no tympanitis; *only one discharge in the last twenty-four hours*, semi-fluid; no nausea. Ordered twenty drops of laudanum, to be followed by twenty grains of ipecacuanha, as before, and repeated at 4 o'clock P. M.

Oct. 19th. Patient improving rapidly; has no more headache; hearing is better; pulse slower, softer and stronger; tongue more moist; no pain on severe pressure over abdomen; no tympanitis; one evacuation in the last twenty-four hours, still semi-fluid; feels more lively; expression much improved; has desire for food; no nausea; ordered same doses to be repeated as before.

Oct. 20th. Still improving; has but little fever; tongue much better; skin moist this morning; bowels moved once in the last twenty-four hours, more feculent; is getting tired of taking his "big pills." Ordered a dessertspoonful of a tincture of ipecacuanha which I had in my office, in combination with the laudanum, to be repeated same as before.

Oct. 21st. Patient says he is well; he has no fever; tongue moist and clean, though very red.

appetite has come back; has had one discharge since last visit, consistent. Ordered one-half the quantity of the medicine, to be repeated same as before.

Oct. 22d. Patient is well; treatment discontinued. The boy has convalesced rapidly and is in the enjoyment of good health. On the 24th day of October, two days after I had ceased treating my enteric fever patient, I was called to see a lady commencing with an attack of remittent, or bilious fever. She stated that she had had an attack ten years ago, lasting fourteen weeks. She had been unwell several days before I was sent for. I determined to treat the case in the usual manner, until it was well developed, and then resort to the ipecacuanha treatment. I did so for seven days, until 4 o'clock, P. M. of the 31st day of October, 1870, when her condition was as follows:

K. B.—, aged thirty-five years; rather robust; has no inherited constitutional vice; has been under treatment for remittent, or bilious fever for seven days; pulse 118; tongue thickly covered with a yellowish white coating; skin hot and dry; temperature under the tongue 104½; has much thirst; complains of severe pain in the head; has nausea and sometimes vomiting; skin and whites of eye somewhat tinged with yellow; *bowels all the time constipated*; has a feeling of oppression and slight pain on pressure over the epigastrium. Ordered forty drops of laudanum, to be followed in an hour by forty grains of powdered ipecacuanha in some sweetened water; to be repeated at 8 o'clock, A. M., and 4 o'clock, P. M., of next day.

Nov. 1st, 5 o'clock, P. M. Patient is better; pulse 105; tongue cleaning round the edges; skin not so hot or dry; temperature under the tongue 103½; has less headache; no pain on pressure over the epigastrium; face not so florid; *bowels moved once in the last twenty-four hours*; evacuation healthy; vomited once, an hour and a half after taking second dose of ipecacuanha; has slight nausea; ordered the same dose, and to be repeated same as before.

Nov. 2d, 4 o'clock, P. M. Patient still improving; pulse 95; tongue cleaning rapidly; skin moist; temperature under the tongue 102; one evacuation since last visit; headache gone; appetite returning. Ordered forty drops of laudanum, to be followed by twenty

grains of ipecacuanha in form of pill, and repeated same as before.

Nov. 3d, 4 o'clock, P. M. Patient has no fever; skin moist; tongue perfectly clean; feels well with the exception of a slight nausea; temperature under the tongue 100½; one evacuation since last visit; discontinued the ipecacuanha and ordered a mild tonic.

Nov. 4th. Found my patient down stairs with her mother and sisters, well, and thankful for her speedy recovery, having anticipated another lingering sickness.

These two cases of fever, as far as two cases can go, show, in a surprising manner, the power which ipecacuanha in large doses possesses, when guarded by opiates, of not only checking the further increase of the fever poison, but also of completely neutralizing the effects of that which has already morbidly tainted the "fluid flesh" and deranged life's electric chords; bringing back through the medium of the blood and nervous system, life's unbalanced forces to a healthy equilibrium; restoring to the brain its normal functions; checking the rapidity, while it gives tenacity to the heart's action; recalling the skin to its accustomed uses, and changing as if by magic the enteric complication; by restoring to the bowels, whether the morbid condition be one of diarrhea or of constipation, their normal physiological action.

COMPOUND COMMINUTED FRACTURE OF BOTH LEGS—DOUBLE AMPU- TATION—DEATH ON THE 8TH DAY.

By H. A. SPENCER, M. D.,

Of Erie, Pa.

On the evening of November 8th, 1870, I was requested to visit Joseph Beutler, a German wood sawyer, aged 57 years, who had just been run over by a switch engine and 6 freight cars. It appears that he was returning home from his work, and as he was in the act of crossing the railroad track, by some means did not notice the train as it was backing down. He was struck and knocked down, and the whole train passed over the legs below the knee, smashing the right from the upper third to the toes in a horrible manner, and producing a compound comminuted fracture of the left at the ankle joint, nearly severing it. He was carried to his house a mile from the scene

of the accident, and I arrived soon after. I found him suffering from all the usual symptoms of a terrible shock; pulse hardly perceptible; surface cold and clammy; features sunken, etc. I immediately administered milk punch freely, and applied plenty of hot cloths; his pulse soon began to come up, and the surface to get warmer.

Finding that reaction was commencing, I dispatched a messenger for my esteemed friend Dr. C. W. STRANAHAN, who, with his usual promptness, soon made his appearance, bringing with him instruments, chloroform, and everything necessary for a capital operation. After waiting about two hours and a half from the time that the accident occurred, reaction was so well established and the general condition of the patient so much improved, it was decided to amputate at once. Everything being ready, Dr. Stranahan placed our patient under the influence of chloroform, and I proceeded to amputate both limbs, the right at the upper third, the left at the lower third. The operation was completed in a short time, with very little hemorrhage, and we had the pleasure of seeing our Teutonic friend comfortably placed in bed. He bore the operation remarkably well, though the respiration was bad and the pulse a little flagging. After administering a full opiate, and leaving directions to continue the milk punch and beef tea, we left him for the night, thinking that, perhaps, before morning, he might cross over to the other shore.

I saw him the next morning at 7 o'clock, found him in fine condition, had slept considerable; pulse much improved; respiration better, and everything looking favorable. Asked the unfortunate old man how he felt, and he replied, "Pretty coot." Stumps were dressed from the first with carbolic acid. Did not remove dressing till third day; found left stump looking finely; right did not look quite satisfactory, rather assuming an erysipelatous appearance. On the fourth day some swelling and general redness, as high as knee-joint, with streaks running up inside of thigh. Applied poultice of flax-seed, charcoal and yeast with carbolic acid; left stump healthy, uniting by first intention. Sixth day, right stump and leg still swelling, erysipelatous inflammation fully established; the right stump emitting a horrible fetor. The system began to give way. Milk punch, wine whey and ale, with opiates, were followed from the first.

After the sixth day the symptoms became more and more unfavorable; patient became delirious, rolling and tossing upon the bed, muttering, etc., and on the morning of the 8th day death closed the scene.

Upon examining the stumps after death, I found the left looking beautiful, nearly healed by the first intention. The right was terribly swollen, and in attempting to raise it, at least one half pint of dark gummy-looking serum escaped, sending forth a fetor almost insufferable, in spite of all our disinfecting agents used. Now, in looking over this case, I am surprised that the patient survived the shock. My own opinion is, that a much larger percentage of these cases, even in younger subjects, die within ten or twelve hours after the injury, and I think it rather remarkable, taking this man's age and the amount of injury received, that he survived the shock, which must have been fearful. I have no doubt had it not been for the erysipelatous difficulty, he might, and probably would, have made a good recovery.

HOSPITAL REPORTS.

UNIVERSITY OF PENNSYLVANIA.

Service of Prof. D. HAYES AGNEW, M.D., Prof. of Clinical and Operative Surgery.

Reported by Dr F. WILLARD, M. D.

Amputation of Leg.

The man before you, gentlemen, has come from the interior of the State, to obtain relief from the difficulty under which he is laboring.

A year ago, he received a railroad injury from the passage of a car wheel across the foot, which comminuted the metatarsal and some of the tarsal bones, and necessitated an amputation; the operation performed having evidently been a Chopart, between the articulation of the cuboid and scaphoid with the calcaneum and astragalus.

The soft tissues were, however, so injured, and their vitality so impaired that successive sloughs occurred, and the wound did not, and has never yet healed; so that there is now situated upon the extremity of this stump an unhealthy ulcer, which resists most obstinately every form of treatment. If you look at it closely you will see the reason for this. In the first place, the whole end of this stump is only covered with an unhealthy looking skin, which would all easily melt away under a few days of diseased action; and secondly, you can see that even this abnormal skin is stretched to its utmost limit, and is constantly dragging and pulling upon the edges of this ulcer.

As all attempts at cure have failed, we have left

but one alternative in order to give this man a useful limb, and that is a re-amputation; for in his present condition he is utterly unable to walk about or engage in any occupation.

I had hoped to be able to perform here a Pirogoff, but this tissue is too unhealthy for me to procure a good flap and I shall be obliged to go above the ankle-joint, for it would be folly to make scanty flaps, and then run the risk of a similar condition to the present one. I shall, therefore, take away this limb, not just above the joint, but some three or four inches higher up, for it has been found by experience that the mechanical adaptation of an artificial limb is more satisfactory at this point, than when the operation is performed close to the articulation.

At our last clinic, I showed you the method of making simply cutaneous flaps; to-day I shall employ the method known as the muscular flap operation, i. e. transfixing the tissue with a long knife, and cutting obliquely from above downward, and from within outward, making the flap sufficiently long to cover the end of the bone. This will be the posterior flap, but the anterior will consist merely of skin. One objection to this operation is, that the arteries are divided obliquely, and you must be careful to carry your ligatures far back in securing them, otherwise you will have secondary hemorrhage; and another, in field operations, or wherever the patient will be subject to removal, there is a greater weight to the flap, and the tibia is more likely to be protuded by the tension made upon it.

(Operation performed. Spine of tibia also removed; patient made an excellent recovery.—D.E. F. W.)

Intra-Uterine Subluxation of Knee-Joint.

Here is a rare condition presenting itself in the person of this little babe, who is now but four days old, and has been kindly brought by my friend, Dr. SCHOLFIELD, in order that you may see one of the anomalies of foetal formation. This condition existed at birth, and consists, as you now see, of a backward dislocation of the head of the tibia upon the condyles of the femur, yet this deformity is easily reduced by simple pressure, showing that it is simply due to an abnormal relaxation of the ligaments. The leg can be flexed upon the thigh to such an extent that the toes easily touch the fold of the groin, without giving the child the slightest apparent pain. The boy is otherwise perfectly formed, eats and sleeps well, and seems in excellent health. This condition must have been occasioned by the leg having been bent and caught in the position in front of the thigh, while the parts were very flexible, and not being able to resume its proper position, the ligaments have been stretched until they will now give no support to the limb. We must, therefore,

confine this limb in an extended position by a posterior paste board splint, and direct the mother to rub the knee every day with some slightly stimulating liniment until the parts have had time to regain their natural tonicity.

Congenital Absence of Fingers.

Here is another babe, five weeks old, brought to us by its anxious mother in the hopes that we may be able to relieve it of a deformity which has existed upon the left hand since birth. You will see that the extremity of this hand has precisely the appearance of a stump—as though an amputation had been done through the metacarpo-phalangeal articulation—yet there are projecting from this surface five little eminences, corresponding to the position of the fingers and thumb, which are evidently attempts at the formation of these missing members.

The carpal and metacarpal bones seem perfect, and the chill is everywhere fully and completely developed, showing no symptoms of any other deformity. The mother has come in hopes that we may find these fingers buried away under the integument, and that in some way, we may be able to produce them; but, it is evidently a case of deficient formation, and we can do nothing, save to adapt an artificial hand in after years.

Supernumerary Thumb.

Here again is another infant, three months of age, who is also the subject of congenital deformity. She has a second thumb, projecting at a right-angle from about the point of articulation of the metacarpal bone with the first phalanx, upon the radial side of the true thumb. This deformity is not very uncommon, being found much more frequently than are supernumerary fingers, though the latter are sometimes seen usually projecting from the ulnar side of the hand.

This deformity is sometimes seen upon both sides, or in connection with extra toes in the same individual, the latter numberingsix, or rarely seven upon each foot. This thumb is well formed, has two perfect phalanges, while a good nail surmounts it.

These extra members are sometimes connecting merely by integument, but they more often have a distinct articulation, with their own synovial membrane; their skeleton is usually cartilaginous, but in this case it seems bony. In place of an excess of fingers or toes, we sometimes find a deficiency, either entire, or in part.

In nearly all these cases you will find the mother refers the existing deformity to an impression made upon her while pregnant, and the cases before us are not exceptions. The first states that she was engaged during a large portion of her pregnancy in dressing the amputated arm of a relation, while the second says that she had often before her eyes a malformed arm, which had projecting from its extremity a small finger or portion of a finger. As

to the cause of these maternal emotions operating upon the child in utero, I am unable to give you a physiological reason; that such is an actual fact, I firmly believe, from the large number of instances in which I have seen positive evidences. And why should this be unreasonable? Do not education, refinement, civilization, feature, character, etc., all stamp themselves upon the offspring? Many instances could be cited in the breeding of animals, or going back to the Bible, recall Jacob and the rods—but I have not time to-day to discuss this subject, save to example a single case, with the facts of which I am conversant. A lady was pregnant with her first child, when a terrier pup undergoing the operation of "cropping," escaped from its tormentors and sprang into her lap with his ears bleeding and cut. The shock was great, and upon the birth of her child, its ears were found to be but rudimentary and projected from the sides of the head, precisely as seen in a well-trimmed terrier. I say I cannot satisfactorily explain these occurrences, yet am confident that they do occur.

In the case of the child before us, the supernumerary thumb will be removed, as it is an unsightly deformity.

(Amputated, flaps being taken from its sides to cover in this wound, and care being exercised in its removal not to open into the metacarpophalangeal articulation.—De. F. W.)

PHILADELPHIA HOSPITAL.

Wednesday, Nov. 15, 1870.

Surgical Clinic of F. F. MAURY, M. D.,
One of the Surgeons to the Philadelphia Hospital—
Lecturer on Cutaneous and Venereal Diseases
in the Jefferson Medical College, etc.

(REPORTED WITH NOTES, ETC., BY RALPH M. TOWNSEND, M. D.)

GENTLEMEN:—I first bring to your notice, this morning, the man whose leg I amputated, in its lower third, at my last clinic. I want to show you how the stump looks and how it should be dressed. Many of you who saw how long I made my flaps, at the time of the operation, may have thought them more extensive than the surface to be covered required; but, to-day you see how much they have contracted, and how making them any shorter would have risked proper covering of the end of the bones. Remember this, especially in amputations upon children, where the skin is unusually contractile. This man's leg is simply embedded in a quantity of picked oakum, such as is used for the calking of boats, and has been finely hackeled. It has to me an agreeable odor, and its absorbing powers far surpass those of lint. This is the second time that the stump has been dressed since the amputation. The adhesive strips are blackened by the action of the evolved sulphuretted hydrogen upon the lead

contained in the plaster. These I carefully remove, not by freeing one end and then rapidly stripping them off the stump, as such procedure, besides inflicting useless pain, tears the flaps asunder and interferes with reparative action. Long apprenticeship in the U. S. Army Hospital, during the late war, as a dresser, taught me facts, only truly learned by similar schooling, yet will do you no harm to have it demonstrated here. Remove these strips, then, by freeing either end, and simultaneously draw them toward the point where the flaps come together.

Having removed them, wash away all discharge by letting tepid water drop upon the parts from a sponge, or better, by directing upon the wound the continuous stream from a bulb syringe, such as Davidson's. Now make firm and equable pressure upon the stump with both hands, pressing in the direction of the flaps, so as to express all contained pus. Pull away such ligatures as are loose, and remove all sutures that are doing no further good. Both act as small setons and keep up perpetual drain. See that the edges of the wound, particularly, are clean, for from the edges commences the granulation. Now we are ready to re-apply the strips. You see I use them cut long and narrow, not more than one-quarter of an inch in width. Narrow adhesive strips like these admit of free drainage and apply themselves to the part better than wider ones, at the same time giving sufficiency of support. Now I have only to lay the limb in its oakum bed and the dressing is complete. No poultice or bandage is here required. I was the first to introduce oakum as a dressing in this hospital, having derived the idea from Prof. Sayre, of New York, who used it extensively as a seton in joint troubles, etc. Be careful to remove all dressings and soiled substances from the room. A hoop to support the bed clothes, and keep them from pressing upon the stump, completes what I consider a valuable lesson, if you have followed me closely and photographed my doings, and hung them up in your brains.

Infantile Syphilis.

Through the courtesy of my colleague, Dr. PARRY, and the kindness of resident physicians, Drs. PORTER and BUCK, I am enabled to show you these two children. The first of these children is accompanied by its mother, who was my patient some three years ago, suffering from tertiary syphilis. This child looks remarkably healthy, and for its age, eight months, shows a fine muscular development. It has a rounded protuberant belly, one mark of a scrofulous child, and also a slight eruption, but if we did not know the mother to be unhealthy, and if we were aware of no taint on its father's side, we would question whether this child suffered from quaternary or inherited syphilis.

I hold, however, that when a woman is thorough-

ly infected at the time of conception, with syphilitic poison, and that poison has reached the third or tertiary stage, her offspring will almost certainly be affected. It need not necessarily be rotten with syphilis, but only touched or sprinkled, as in the case before you.

Now look at the second child and see the difference. Hear the peculiar guttural sound it emits in breathing, due to coryza, one of the first forerunners of congenital syphilis. See its little, meager face, like a dried up old man. Note the abundant discharge from its eyes, indication of purulent ophthalmia. The latter, by the way, it may have contracted in passing through the affected mucous passages. This latter condition is curable. Now, not knowing this child's antecedents, we might call this affection scrofula, and here, especially before a class as large as this, I tread on ticklish ground; not that my own views are confused, but on a question of such grave theory I hesitate to entangle you on the one hand, or unduly influence you on the other. This is one of these embryo topics—a chrysalis that awaits time's unfolding, aided by the observation of all, I hope, who listen to me. I do not mean to say that scrofula and syphilis are identical; but I do say that the parallelism between congenital syphilis and scrofula, when closely traced, so approximates that no human being can discriminate between them; and I further believe that the unfolding of the next twenty-five years will establish the identity between so-called scrofula and inherited or quaternary syphilis; and this pathway leads me to the broad field of legalized prostitution, of which I am an advocate.

In these days of rapid travel, prostitution increases with corresponding speed. Men always have, and always will indulge their sexual passions, and if not to protect the men, then the protection of their wives, and of these, their little ones, should enlist our active sympathies as to make us unite on whatever measure will check and bring under control the ravages of this frightful disease. And in view of Ricord's measure of registering every house of prostitution and every inmate, and having the latter examined at stated intervals and furnished with certificates as to their purity or impurity, reducing the per cent. of syphilis among the lorettes so immensely, can we hesitate as to the proper course. Legalize prostitution! Under heavy fines and imprisonment compel every house of ill-fame to be registered, and likewise its inmates. Have proper officers to examine the women at short intervals. Impose corresponding fines and imprisonment on any man who communicates venereal disease to these or any woman; but while passing let me say that women impart more disease than they receive—they give a dozen claps where they receive one. Thus you have your mutual check, and only thus can you

spare the coming generations from this wide spread disorder.

In regard to the treatment of these children I have nothing to say, they receiving the best attention at the hands of Dr. Parry and his assistants. Cod liver oil and good diet is demanded in these cases. Sir Benjamin Brodie would have rubbed mercury into their thighs, but of this procedure, in this instance, I disapprove.

Keloid.

And now, gentleman, to conclude both the present clinic and my term of clinical service, I bring before you the heroic patient for the purpose of removing all that remains of the mass of keloid that so lately encircled his neck. From now until the first of January you will be met every Wednesday by Dr. Brinton, and every Saturday by Dr. Allen, who will instruct you from their rich stores of clinical material. I have to thank you for the respectful attention you have paid my teachings, and hope to greet you all the first of the year.

(The patient now walked to the table and laid himself upon it, and inhaled the chloroform. When fully under its influence, Dr. Maury guttered the remaining mass in the middle line, and then slipped the chain of an ecraseur around either half. While Dr. M. manipulated the one instrument, Dr. Pancoast did the other, and in about three minutes each lateral mass was removed. There was little or no bleeding. So was completed after three operations the removal of this entire mass by a procedure original, heroic and as the sequel proved, correct. The removed mass in its totality weighed nine pounds. All the previous raw surface is granulating, and considering what he has undergone, the condition of the patient is as good as it is wonderful. R. M. T.)

COLLEGE OF PHYSICIANS AND SURGEONS; NEW YORK.

November 4, 1870.

DISEASES OF WOMEN.

Clinic of T. G. THOMAS.

Dr. THOMAS, though much improved, was not able to be present. The clinic was again conducted by Dr. JAMES S. BROWN.

Procidentia of the Uterus.

J. P., æt. 35; two children, the youngest of which is two years and two months old. Patient says that one month after delivery her womb began to come down, but for the past year it has passed outside of the body.

Nothing is more common than for patients to complain of falling of the womb and of cancer, when they do not exist, but now and then their diagnosis is right; this is a case in question. There are two names for this displacement of the uterus:

prolapse, and procidentia; many restrain the former name to that class in which no protrusion is noticed at the vulva, and procidentia to the more aggravated form. In the majority of instances and as I shall demonstrate in the present case, there is no abnormality in the fundus of the uterus. There is simply hypertrophy of the supra-vaginal portion of the cervix. The cause is due usually, as in the present case, to imperfect care after confinement.

The patient got up in four days and did her ordinary work.

The uterus, at this time, weighs about two pounds; all the ligaments are relaxed; yet in this case before us it took one year before it protruded from the vulva.

DR. BROWN made an examination of the patient, and showed that the measurement of the womb was four and a half inches, and by making pressure over the pubes, the fundus was in its normal position. On replacing the parts within the vulva, and getting the patient to bear down, the first tissue to appear is the anterior wall of the vagina pushed in front of the cervix.

From this fact, DR. MARION SIMMS devised his operation of shortening the anterior wall of the vagina.

Different methods of treatment have been pursued, but none of them have given satisfaction.

The perinæum has been completely closed, but of course, this operation is not always available.

Many have found no benefit from pessaries, but DR. THOMAS uses them every day, and with satisfactory results. Different forms have been advised. DR. BARKER suggests a pledget of cotton saturated with tannin and glycerine. DR. MEIGS has a pessary which rests above in the fossa behind the cervix, and below on the sphincter vaginæ muscle. DR. THOMAS has devised a modification of CUTLER'S pessary, which presses in front of the cervix and hooks around the perinæum. In none of the cases in which it has been used has it failed. During the night it is taken off.

Friday, November 11th, 1870.

Before commencing the clinic, DR. THOMAS reported in respect to the case of ovarian tumor which appeared before the class three weeks ago. The patient rapidly sank from no ascertained cause, and whilst in a dying condition paracentesis was performed, but without avail. At the autopsy it was found that the diagnosis was correct—a polycystic tumor. There were no adhesions whatever to the abdomen. DR. THOMAS held the view that had ovariectomy been performed, very probably the patient would not have died. He said also, that deaths coming on in ovarian tumors without definite cause were not rare.

Stricture of Rectum—Operation.

Mrs. N——; 22; married; no children. Three years ago, while in New Orleans, patient had yellow fever complicated with diarrhoea. The attack lasted one month. After her recovery she noticed that she had constipation, which sometimes lasted for three weeks. She has been for three years under constant medical treatment. DR. THOMAS remarked that in his experience a very valuable rule to observe when called in to see cases of obstinate constipation, was to pass the finger into the rectum before giving cathartics. A case occurred in DR. METCALFE'S practice, in which a rectal examination disclosed the presence of a bone which could not be removed without the aid of bone forceps. It was discovered that the patient had swallowed the maxillary bone of a pig sometime previous. DR. CLARKE relates a somewhat similar case: while making an examination he struck what he called "a raft of cinnamon," the nature of the deposit being detected by the aromatic odor imparted to his finger. The boy, it appeared, had eaten a large quantity of cinnamon, which had floated down and accumulated in the rectum. The obstruction being removed, piece by piece, the constipation was relieved.

In the case before us the constipation arises from stricture of the rectum about an inch above the anus. In ninety per cent. of all cases of stricture of the rectum the cause is either cancer or syphilis. In a certain number of cases, however, cholera, dysentery, and diarrhoea, give rise to sloughs, which, on cicatrizing, cause strictures. In the present instance we can exclude cancer; there is no history of syphilis, and the inference is that it arises from a slough, caused by the diarrhoea of the yellow fever. On physical examination, DR. THOMAS discovered a well-defined cicatrix, and by the introduction of two fingers readily divulged it. He advised the passage of rectal bougies once every twenty-four hours for the present, to be followed by their introduction once a week.

Pelvic Cellulitis.

Mrs. C., æt. 41; six children. Last labor 17th of March—forceps delivery. Next day detected a swelling in the side followed by tympanitis. Patient was confined to her bed two months, and shortly after the swelling noticed a milky flood from the vagina; this has continued from that time to this.

DR. THOMAS said that on a physical examination, he found hardening of the vagina anteriorly and posteriorly, with immobility of the cervix. At a point posteriorly to the cervix was an opening from which pus followed in a steady stream. It is a case of pelvic cellulitis. There is very great danger of opening the pelvic abscess and evacuating the pus. The safer and better plan will be to introduce a sponge tent and widen the canal leading from the

abscess. If this fails, I should feel like using carefully the double-edged scissors. In event of a large channel being established, the cavity might be syringed with tincture of iodine. This class of abscesses are exceedingly intractable and may last eight or ten years. Hygienic and constitutional remedies are especially indicated.

Clinic of Prof. Jacobi.

November 9th, 1870.

Ossification of Sutures of Head.

CASE 1.—Child, one year old, was brought to the clinic with the following history. The mother noticed that three months ago the fontanelles closed, and up to the present time the child can neither walk nor hold up its head. There is, also, partial paralysis in the right arm, with an occasional convulsion. The facies of the child approaches the idiotic. It is found that the largest circumference of the child's head is $16\frac{1}{2}$ inches.

CASE 2.—Child; 2 years, 1 month. This patient corresponded nearly in every respect with the previous one. Child has no desire to play, lolls about regardless of everything; is also subject to convulsions; has a partial strabismus. The measurement of the largest circumference of the head is $16\frac{1}{2}$ inches. Prof. Jacobi said: Ossification of the sutures usually takes place in from 13 to 15 months, and when it sets in before this we have undeveloped cerebral hemispheres, as in the cases before us. The largest circumference of the head of the patient a year old is but $16\frac{1}{2}$ inches, it should be $17\frac{1}{2}$; the circumference of the other is also $16\frac{1}{2}$ and it should be either $19\frac{1}{2}$ or 20 inches. Abnormal heads are of two kinds,

Macrocephalous and Microcephalous.

An example of the first is found in chronic hydrocephalus, whereas the second class is represented in the two cases before you. I have noticed, that when the head closes too soon, the incisors make their appearance in the lower jaw first, and are very irregular.

The prognosis is very unfavorable, obviously but little can be expected from treatment. However, fss. of tinct. of ergot and 10 grs. of bromide of potassium may be given them to lessen any tendency to convulsions.

Rachitis Involving Bones of Thorax.

Child two months old was presented, in which the movements of respiration were carried on entirely by the abdominal muscles. The infant was apparently in articulo, but from the history of the case it appeared this had continued since its birth.

Prof. Jacobi said: The cause of this trouble is deficient calcification in the cartilages and bones of the thorax, or rachitis. This will result in a pigeon breasted condition eventually. As far as

treatment is concerned we must change the food, and advise, if possible, a better state of hygiene. The child is now on breast milk alone; to this must be added artificial food to be given three times a day.

MEDICAL SOCIETIES.

STATED MEETING OF THE NEW YORK PATHOLOGICAL SOCIETY.

November 9th, 1870.

Dr. J. C. HUTCHINSON, President, in the chair.

In the absence of the regular Secretary, Dr. R. E. VAN GIESON was appointed Secretary pro tem.

Gastritis Caused by Overdose of Tincture Veratrum Viride.

Dr. FINNELL presented a portion of the stomach removed from a lady 60 years of age. The mucous membrane was highly injected, showing the effects of intense gastritis. The lady was attended by a homoeopathist residing in 34th street. She was suffering from hepatic distress, with occasional vomiting of bilious matter. For this derangement he prescribed ten drops of Norwood's tincture of veratrum viride once every three hours. The woman, though vomiting terribly after each dose, continued until six doses in all were taken. Shortly after taking the sixth dose she sank and died from exhaustion. This is what he termed homoeopathic treatment. The death was undoubtedly caused by the large doses of veratrum viride, inducing fatal acute gastritis.

Uterus from a Case of Puerperal Convulsions.

The second specimen consists of a uterus and appendages taken from a girl 18 years of age, who had arrived at the full term of pregnancy.

She was confined in a most infamous den in Chatham street, No. 94, where poor unfortunates are taken in day by day to get rid of their troubles and then sent away. This girl entered the place and remained three days, during which time she had puerperal convulsions terminating with death at the end of the third day. Dr. Finnell saw her shortly before she died; she was then moribund and treatment was out of the question.

The uterus is apparently healthy. The walls are from $\frac{1}{2}$ to $\frac{3}{4}$ of an inch thick. There is no abrasion or laceration of the os. The body was cedematous in the highest degree and the death was the result of uræmic poisoning. Both ovaries show the beginning of the ovarian cyst near the Fallopian tube. During the whole time of her stay in this wretched den, not the slightest thing was done for her in the way of treatment. It is reasonable to suppose, that had proper measures been used she might have been saved.

Dr. Finnell inquired if any one present would give a homoeopathic dose of ten drops of veratrum viride for hepatic congestion.

DR. HUTCHINS stated that within a month he had given half drachm doses of Squibb's fluid extract of veratrum viride in a case of puerperal convulsions until three drachms in all were taken, and the woman recovered. He believes the recovery due to the remedy. This result coincides with the experience of some of his medical friends, who have also used this remedy in large doses for puerperal convulsions.

Dr. Finnell thought that five drops in the majority of cases would produce an alarming lowering of the pulse.

Dr. Hutchins had seen nearly fatal results in his own hands with five-drop doses, but in the case of puerperal convulsions, he advised the large doses and the woman recovered.

Undiscovered Fracture of the Skull.

Dr. FLINT presented a brain with a history from the hospital record. Dr. Flint saw the patient shortly after admission, and supposed from the odor of his breath, and the absence of certain other conditions occasioning coma, that the case was one of alcoholism. He was in doubt whether the increased temperature, as shown by the thermometer, was in favor of or against this diagnosis. The speedy death, and the resulting post-mortem, very soon settled all doubts with regard to the question; a fracture of the skull was found extending from the left part of the lambdoidal suture through the occipital bone to the jugular fossa, accompanied with laceration of the brain substance and pia mater. The cavity of the arachnoid on the right side contains a large amount of clotted blood.

The fracture has probably caused meningitis in the second stage, as there is a little lymph effused beneath the arachnoid.

The interest of the case lies in the fact that a fracture of the skull existed, which, after examination by the house surgeon, was not discovered, and the practical lesson is, that we should examine the skull very carefully in cases of coma, not attended by any previous history.

Dr. BIBBINS related a similar case occurring in his own practice, where a fracture of the temporal bone existed, not discovered until after death. In this case the diagnosis was rendered more difficult, from the fact that the intellect was very little disturbed.

Dr. Finnell stated that such cases are not unfrequently revealed in coroner's examinations.

Cancerous Tumor Mistaken for Aneurism.

Dr. VAN GIESON presented the stomach, liver, pancreas, and spleen, all taken from the same subject; all more or less involved in cancerous degeneration. The specimen he considered chiefly inter-

esting on account of the obscurity in diagnosis. He first saw the patient in the early part of October, and found, as the main objective point of interest, a large pulsatile tumor in the epigastric region. The enlargement seemed directly in the median line, extending downward to the umbilicus and on either side about two inches. The impulse was remarkably strong, and the unaided ear could easily detect a very loud and distinct systolic murmur. Lateral pulsation was also distinct. Tolerably firm pressure upon the tumor produced a feeling of nausea, but no pain. The patient's general condition at this time was anæmic and suggestive of the cancerous cachexia, but the physical signs seemed to point very strongly toward abdominal aneurism. During the whole of his illness the almost entire absence of pain was a note-worthy fact. At no time was it ever necessary to give an opiate to secure rest or freedom from pain. On the 12th of October a consultation was held with Dr. FORD, of Brooklyn, the family physician, and the growth very thoroughly examined. At this time it was found that change in position modified the strength of the impulse and diminished the distinctness of the murmur. The murmur and impulse, when the patient was made to sit up and lean forward, almost entirely disappeared. By grasping the tumor and lifting it forward, impulse and murmur seemed entirely gone. At this time the patient's stomach was extremely intolerant of food, but vomiting was not attended nor caused by pain. The vomiting appeared more like simple regurgitation. The evidence between carcinoma and aneurism at this time seemed pretty evenly balanced. The result of the consultation was in accordance with the evidence. Dr. Van Gieson was rather in favor of aneurism or omental cancer, while Dr. Ford felt certain of cancer of the stomach; both agreed in excluding the liver from forming part of the tumor.

On the 23d inst., Dr. FLINT was called in consultation and the patient again examined. During the interval the growth had enlarged considerably, and the impulse was somewhat stronger than before.

Dr. Flint in his examination elicited a new point in the diagnosis, which previously had not been present or else had escaped our notice, and that was a *distinct second murmur*. He gave as his opinion, that the evidence derived from the physical signs strongly preponderated in favor of aneurism.

The patient survived until the 3d of November, and then sank quietly from asthenia. At the post mortem examination, the left lobe of the liver was found considerably enlarged and the seat of an abscess near the gall-bladder. At this point the stomach was adherent to the liver, and through the gastric walls was an opening about the size of a

large penny, through which the contents of the abscess had partially escaped into the stomach. The stomach itself is the seat of very extensive carcinomatous deposit in all stages of degeneration from the hardness of the initial change to the pultaceous softening and purulent discharge, denoting complete disorganization. The right lobe of the liver is also enlarged and the seat of scattered spots of secondary deposit. The abscess of the left lobe is evidently the direct result of the breaking down of a large nodule of cancerous deposit.

The spleen has upon its surface two patches looking somewhat like a cicatrix. The abdominal aorta was carefully examined and found to be entirely free from disease or adhesions.

The points of interest in this case are, first, the almost total absence of pain during the whole course of the disease, and second, the existence of a second murmur, which, perhaps, more than anything else, led Dr. Flint, after a most patient and thorough examination of the point, to think that the evidence in favor of aneurism preponderated.

Hemorrhage from Detached Placenta.

Dr. VAN GIESON presented a second specimen consisting of a placenta, showing marks of detachment near the centre and lateral border, with the following history:

Mary M—, æt. 32, the mother of two healthy children, was taken in labor at full term, shortly after midnight, on the morning of the 7th of November, 1870. On the preceding afternoon she had taken a moderate walk. The pains did not act as usual, but their character was not accurately determined, except to learn that they were feeble, insufficient and attended with a peculiar feeling of uneasiness at the epigastrium. At about 2 o'clock A. M., her attending physician was called and found her with a pulse of 135 to the minute, blanched features, great thirst, and with but very feeble expulsive pains.

At this time, the external hemorrhage was but slight, and yet it was evident, the woman was in an alarming state of collapse. The os was now rigid, and of a size barely permitting the finger to enter the womb; the membranes were tense.

A physician living near by was now called in, and after a short consultation, hemorrhage from detached placenta was diagnosed and the membranes ruptured as the first step in the treatment. Ergot, which had already been given, was now administered freely and frequently, together with occasional large doses (teaspoonful) of laudanum.

Although the head now descended and seemed to fit against the rigid fibres of the os so accurately that leakage would appear to be impossible, yet the bleeding still continued; slight between the feeble pains, but with very abundant gushes at each expulsive effort.

The situation at this juncture was discouraging in the extreme. Both physicians were reasonably certain of the diagnosis, fully appreciated the impending danger, and were yet powerless on account of the non-dilatation of the os.

Unable to introduce the forceps without danger of rending the uterus, they still continued to give ergot and laudanum in heroic and frequent doses; meanwhile the os very slowly yielded, while the fundus seemed to have a little more contractile force during the pains. At about 6:30 A. M. I was sent for and arrived at the bedside at 7:30 A. M., some 5 hours after the probable beginning of the labor.

The woman had now but feeble pulsations at the wrists; the eyes were turned back; the face blanched; in a word, she seemed entirely exsanguinated. The os was now sufficiently dilated to admit the cautious introduction of instruments. The forceps were at once applied, and in a short time, certainly less than fifteen minutes, the woman was delivered. The bloodless child gave a gasp or two and died. The cord was broken near its middle. I think this occurred during delivery, although it is but fair to state that the attending physician, a most intelligent obstetrician, thinks the break in the cord may have been intra-uterine and therefore a probable superadded cause of the hemorrhage and sudden death of the child.

The delivery of the child was followed by abundant dark clots of blood. On introducing my hand in the uterus I found the placenta free. Its removal was followed by a chamberful of dark grumous blood, evidently sometime effused.

Energetic means were at once used to induce contraction. The hand kept in the cavity of the womb for this purpose could discover no rent or fissure in the uterine walls. The introduction of a large ball of ice was followed by feeble contractions. The ergot and laudanum were now resumed with the addition of ammonia, but in spite of all efforts the woman quietly expired at about 8 A. M., some twenty-five minutes after delivery. I think with regard to the treatment, that with the indications gathered from this painful experience, I should not in the future place much dependence upon the use of ergot in such cases, but at the *earliest possible moment* would dilate and then turn or deliver with the forceps. A dose of ergot just before operating, to counteract the effect of suddenly unloading the uterus, would of course be useful, as it would tend to act at the close of the operation. Concerning the free use of ergot and laudanum after delivery, there can hardly be but one opinion, but first and foremost in the treatment of this rapidly fatal complication, I should most certainly place *manual interference*.

Dr. FLINT stated that in the examination of the

first case he felt quite certain that he heard over and over again *two* murmurs. He based his opinion of aneurism upon the presence of the second murmur. The result has convinced him that hereafter he would be obliged to modify his opinion with regard to its significance as indicative of aneurismal tumors. With regard to the cause, it may be that the descending weight of the tumor produced a second wave of the vessel, which gave rise to the murmur. He was not sure that this was philosophical, but he could think of no other mode of explanation.

Dr. FINNELL stated that the puckered up appearance on the surface of the spleen was not uncommon in all forms of peritoneal inflammation and especially in cirrhosis. It was the result of fibrinous effusion.

With regard to the second specimen, he referred to a similar case presented at the last meeting of the society, and in relation to the treatment of the complication, said that Dr. White, at that meeting, expressed himself as being in favor of ergot, rather than totally and suddenly unloading the uterus, as this would be followed by complete inertia, and still more alarming hemorrhage. Dr. Finnell thought from the fact that ergot was freely given in the case just presented, and yet with an unfavorable result, that in another case he would urge the thorough and free use of ergot, and then use means to unload the uterus.

Dr. BIBBINS would state in regard to the first specimen of cancer, that he presented a similar case to the society some ten years ago, wherein he had made the diagnosis of aneurism. There was absence of pain and very strong superior and lateral pulsation.

Dr. CLARK, in his remarks on the case at that time, said, "While cancer was painful in other parts of the body, that cancer of the pyloric orifice *without* ulceration, was not attended with pain."

Dr. ROGERS thought that in nearly all the cases presented to the society, the usual history has been that absence of pain had deceived the diagnostician. He had no doubt it was from that experience that Dr. Clark's remarks were suggested. With regard to the second specimen, he stated that the earliest case of intra-uterine hemorrhage which he had met, occurred a little after the second month. The amount of blood lost in two bleedings, was sufficient each time to fill a large "pot de chambre," and the woman recovered.

Dr. FLINT thought the remarks upon pain in cancer would tend to leave an erroneous impression. He wished his testimony to be recorded that pain is present in the great majority of cases as a rule, although he had met with cases in which pain was not present.

Dr. WHITEHALL had seen two cases of cancer of stomach, and two of abdominal aneurism; pain was

present in one case of cancer, and present in both cases of aneurism, attended with local tenderness and pain in the lower extremities, which might be taken for rheumatism.

Monstrosity with Cystic Tumor.

Dr. BIBBINS presented a monstrosity delivered at full term, with the following remarks: Upon the lower part of the trunk of this child, proceeding from the junction of the right buttock with the sacrum and lower part of the spinal column, is a very large cystic tumor. The mother is a healthy Irish woman, thirty-two years of age, who had previously borne three children, all healthy. While carrying this child, she felt extremely anxious concerning her confinement, as her shape and sensations were peculiar. She is not aware that any deformity exists in her family. The father has had primary syphilis and chancres. She was taken in labor on Tuesday last, a week ago. When the doctor was called the sac of waters protruded, but it was impossible to make out the presentation without rupturing the membrane. She was then left for a time. On calling again in the evening and endeavoring to make out the presentation, the membranes were ruptured and the pains ceased; but it was still impossible to discover the nature of the presenting part. On Thursday the pains returned, but not much progress had been made; on introducing the finger in the os a fleshy mass could be felt, but no bony substance could be detected. At 2 A. M., some three physicians were sent for, none of whom came, until finally Dr. J. L. Camel, their former family physician, arrived at about eight o'clock in the morning. Dr. Bibbins frankly stated to him that he was unable to make a diagnosis. After a consultation we both failed to make out the presenting part, until an attempt was made to turn the child; a large fluctuating mass was then discovered; on pressing this mass the head was found at the fundus, but we failed to secure the feet; the mass was then punctured, after which with great difficulty one foot was found and then the other. Nothing further was done until the mass was freely incised, after which delivery was fully accomplished. The tumor, before incision, was probably six times the size of the foetal head, though we have nothing left here but the sac, inside of which is another tumor apparently connected with the spine. The mother is doing perfectly well.

Dr. HUTCHINGS stated that within a few months he had seen a tumor in this region, containing some two quarts of fluid; believing it was not spina bifida, he punctured it and injected iodine; soon after this, the tumor reappeared, and not long after the child died of cholera infantum. Dr. Hutchings referred to Sir James Simpson's treatise upon this subject, where similar tumors are described and illustrated as occurring outside of the spinal column.

Recurrent Fibro-plastic Tumor.

Dr. POST presented a tumor removed last week from a lady aged 59 years. It was situated about three inches above the upper margin of the mammary gland, being the third production in that region. In July, a year ago, he removed a similar tumor from this patient, just above the mammary gland; in June following another, three inches above the cicatrix of the first one, and, recently this growth, which proceeded from the cicatrix of the second operation. The tumor removed in June, was examined by Dr. Lewis, and pronounced to be fibro-plastic. It is interesting from its remarkable tendency to be reproduced without apparently affecting the general health or contaminating the system.

Aneurism of Abdominal Aorta.

Dr. POST presented a second specimen taken from a young man 37 years of age, complaining of pain in the lower extremities, regarded as rheumatic and neuralgic pains in the abdomen. He examined carefully for aneurism, but could detect no pulsation. On Thursday last, he died suddenly, and the Doctor was requested to give a certificate, which he refused to do without making a post mortem examination; although, he had a strong suspicion that the case was one of abdominal aneurism, from the character of the pains and mode of death. It was learned, at the house, that he had suddenly been taken with excruciating pain, a feeling as if something had given way; after which, he lived some twelve hours, during which time, he was not remarkably prostrated, but gradually sank and died. On opening the abdomen, an aneurism was discovered just below the diaphragm, and blood was found effused in large quantities in the lesser omentum. The superior mesenteric is given off from the tumor. About a year ago, Dr. Post visited a patient in the same house, who had also died suddenly; the aneurism in this case was found just above the bifurcation. There was no prominence forward, but the growth had enlarged backward, eroding the vertebrae nearly to the spinal canal. It was so deeply situated that neither auscultation nor palpation detected it during life.

Dr. SAYRE suggested that as the muscles were good conductors of sound such an aneurism might be detected by applying the stethoscope posteriorly near the spine.

Dr. POST said that he had not examined the patient in this manner; with regard to the pain of aneurism and cancer, he considered aneurism by far the more painful disease, especially when a plexus of nerves is involved, which is frequently the case. He had seen a case of axillary aneurism attended by the most intense pain; it was subsequently discovered that the axillary plexus of nerves was completely imbedded in the walls of the aneurism.

Dr. FLINT gave the history of a case of aneurism of the thoracic aorta, which took a backward course and was not recognizable by the ordinary physical signs. The chief symptoms were localized pain, spasm of the glottis and feeble respiratory murmur, more feeble on the left side than the right. The case proved fatal by hemorrhage from the trachea.

Dr. SAYRE presented a specimen of epithelioma taken from the lower lip on the left side, from a young man 21 years of age. It has been about 18 months attaining its present size. Opposite the growth was a hole in the tooth caused by the use of a clay pipe. He considered the specimen interesting on account of the youth of the patient.

Dr. Sayre presented a second tumor, the nature of which he had not examined—removed from a patient presenting himself at his clinic at the Charity Hospital. The subject was 43 years of age, and had a large swelling on the right gluteal region some six inches in diameter, with a fluctuating feel in the middle. This growth began some two years ago. It has not increased materially for the last six months. The central portion was not reddened until about two months ago. The tumor was laid open by an incision six inches in length, when about a quart of fluid escaped. At the bottom of the abscess at the junction of the sacrum and the ilium this growth was found. Fifteen years ago the patient suffered from syphilitic necrosis and the present growth may be of the nature of an exostosis. Both specimens were referred to the microscopical committee, when the society went into executive session.

DISSOLUTION OF THE BERKS COUNTY, PA., MEDICAL SOCIETY.

Reading, Nov. 22d, 1870.

The regular quarterly meeting of the Berks Co. Medical Society was held this afternoon, at 1 o'clock, at Stauffer's Hall, No. 521, Court street, in this city.

The following gentlemen answered to their names, viz.: Drs. Wallace, Mathews, Ulrich, Brooke, Brobst Edw., Shearer, Coblentz, Weidman, Byerle, Kurtz, Brobst J., Stearly, Dundore, Turner, Kalbach, Kuhn, Ammons, Rhoades, Conrad, Hunsberger, Kreye, Weber, Leaman, Moore.

The minutes of the preceding meeting were read and approved, a motion having been made and carried to omit the reading of the affidavits and testimony accompanying the different reports of committees.

Dr. Ulrich, the Treasurer, presented a bill from the State Medical Society for its transactions, amounting to \$30.40, and Dr. Brooke, the Corresponding Secretary, an account for postage of \$7.50. Both bills were ordered to be paid.

Dr. Joseph Coblentz moved that the regular order

of business be suspended in order that he might introduce a series of preambles and resolutions; which being granted, he requested the Secretary to read the following:

WHEREAS, The objects of this Society, as defined by its Constitution, are to cultivate the science of medicine and all its collateral branches, to elevate and sustain medical character, to encourage a system of medical etiquette, and to promote mutual improvement, social intercourse, and good feeling among the members of the medical profession; and,

WHEREAS, At its stated meeting held in this city on the 16th day of August last, this society, in response to an effort made to preserve its integrity and to maintain the honor and dignity of the profession, did so demean itself as not only utterly to destroy its usefulness, but also to bring odium and contempt upon the organization itself, as well as disgrace upon the profession in general; and,

WHEREAS, As a legitimate consequence of such action, in direct violation of Section 9, Article 5, of the Constitution of the Medical Society of the State of Pennsylvania, we must necessarily be deprived of all connection with that Society, and our delegates be excluded from its annual sessions; therefore,

Resolved, That whilst we deplore the necessity that is laid upon us, self-respect, as well as a due regard for the opinion of our professional brethren demands, that we should disband the "Berks County Medical Society," and accordingly we do hereby disband the same, as the only practicable method by which we can be relieved from the unfortunate dilemma in which we have been placed by the disreputable conduct of a portion of our fellow-members; give conclusive evidence of our loyalty to the profession, and be restored to fellowship in the State Society and the American Medical Association.

Resolved, That the proceedings of this meeting be published in the transactions of the State Medical Society, in THE MEDICAL AND SURGICAL REPORTER, the Medical Times of Philadelphia, and the Boston Gynecological Journal.

Adopted without a dissenting voice.

In accordance with the above resolutions the President declared the Berks County Medical Society disbanded.

W. MURRAY WEIDMAN,
Recording Secretary.

EDITORIAL DEPARTMENT.

PERISCOPE.

Danger of Abortion.

At a late meeting of the Buffalo Medical Association, reported in the *Buffalo Medical Journal*, Dr. ROCHESTER reported an interesting case which shows the results which sometimes follow abortion. He was called to see a woman who had formerly been a patient of his, and whom he had delivered of children. She became tired of raising a large family, and, being pregnant, had brought about an abortion, by some means, which was followed by metritis, phlegmasia dolens and anæmia. When called to the case he was assured by the attending physician that it was one that from the severity of the symptoms, which indicated disease of the knee-joint, required amputation. Dr. R. diagnosed the disease as an abscess forming in the tissues of the thigh, which was soon confirmed by the pointing of an abscess at the upper part of the thigh, which was opened; and it also opened spontaneously between the anus and vulva. This case adds additional proofs to the evidence already before the profession, of the extreme danger attending procured abortions.

Dr. WHITE said that a large proportion of the diseases of women which he is called on to treat, are due to procured abortions—hypertrophy and

ulceration being very common: was called on to see a case of abscess posterior to the womb, which was caused by an abortion.

A New Surgical Device.

We have already referred, says the *Lancet* of July 9th, to the interesting experiments which are being carried out at St. George's Hospital by Mr. GEORGE POLLOCK in reference to the process introduced by M. REVERDIN, of promoting the healing of ulcerated surfaces by grafting upon them small pieces of healthy epidermis. On Tuesday last we saw Mr. Francis Mason at the Westminster Hospital attempt an adaptation of the process to a recent raw surface. The patient was a young woman whose chin and lower lip were drawn down by strong bands of cicatrix from an extensive burn, producing a terrible and increasing deformity. The plan of operation adopted was a combination of the old one by division of cicatrix with the novel feature devised by M. Reverdin. By division of some strong bands and dissection of adherent integument, the skin about the lower part of the face and upper part of the throat was released, at the expense of two large raw surfaces which were now left lower down. It was upon these that Mr. Mason next proceeded to engraft six or eight pieces of skin, which he snipped off the lax abdominal tegument. They were not bigger than half of a small pea, and they were

planted by simply laying them on the raw surface and retaining them in position by transparent plaster. The hope is that these patches of skin may form centres from which integumentary growth may spread in every direction, and thus materially diminish the time which would otherwise be required for the healing of such large surfaces by unaided granulation. Success has attended the process as performed upon old granulating surfaces; it remains to be seen whether a similar result will obtain where, as in this instance, the surface which receives the grafted skin is a raw one recently exposed by dissection.

Treatment of Granular Lids.

Prof. J. F. MINER, of Buffalo, said in a recent clinical lecture, reported in the *Medical and Surgical Journal* of that city:

The condition of the cornea is the source of danger, and to it you are to direct attention. I say, direct attention, but not treatment. To judge of the severity of disease and the probable result, you are to observe the cornea; if any dangers to vision are present they are to be found in the condition of the cornea, and not in any changes which may have taken place in the lining membranes of the lids. A great variety of collyria have been recommended, and many plans of procedure proposed; but modern experience justifies the conclusion that a crystal of sulphate of copper applied to the granulations every day, or every other day, in the manner that you now observe me make the application—by everting the lids and drawing it smoothly and lightly over the surface, is the most satisfactory and successful method of treatment. Nothing but want of perseverance and lack of thorough application can cause failure. You may, in such case, apply it and nothing else, never being discouraged or deviating for a better remedy, for if properly applied it will certainly effect a satisfactory result. It is a safe, certain and satisfactory remedy.

Maternal Impressions.

Dr. W. W. ALEXANDER, of Athens, Tenn., sends us eight cases of what he believes to be maternal impressions. We have no space for all, but select the following as the most striking:

"An intelligent, educated and highly respected lady accounts for the deformity presented in the right hand of a daughter to the impression created by a shock, some months before her birth, the consequence of a pistol shot received in the hand by her eldest son, which produced a severe and disfiguring wound.

"I once saw a child with a large excrescence upon the end of the nose, in color like a 'mole,' but ele-

vated like a wart, which deformity was predicted by the mother months before the birth of the child, as the result of sitting at her father's dinner table during harvest time, opposite a laborer, who had a similar lump upon the end of his nose, the exact counterpart of which was possessed by the child.

"The other day I was called to visit the most horrible specimen of human deformity I ever beheld, and which I hope never again to see. The mother informed me that at an early period of pregnancy she was at the house of an old neighbor who had died the preceding day. As she entered the room containing the corpse, some persons were fruitlessly endeavoring to press into too small a coffin the dead body of her old friend. She says she 'felt sick and immediately left the house, and returned home, harrowed for days and nights by the impression made upon her mind by the revolting sight which occasioned frightful dreams, in which the appearance of the dead body being forced into its narrow receptacle was ever present.'"

Treatment of Premature Births.

At the meeting of the Canadian Medical Association, in September, Dr. GARRISH referred to the method adopted by himself to obtain delivery of a live foetus in cases where, owing to a malformed pelvis, he had previously had to resort to the crotchet. He induced premature labor at the eighth month, and then had two pans ready—one filled with warm water, and the other, shaped like a bath, arranged to float in it. On the birth of the child he did not allow it to be washed, but had it rolled in cotton wool and placed in the second pan or bath. In this he allowed it to remain for a month, till it was a nine months' child. He spoon fed it with milk, and constantly had the water in the first basin at a temperature of about 90°. By this plan he had, in a great many cases, succeeded in saving the child.

Reviews and Book Notices.

NOTES ON BOOKS.

The annual report of the trustees and superintendent of the State Lunatic Hospital of Pennsylvania, for 1870, shows a total of admissions during the year of 168; males 86, females 82. The number discharged during the same period was 144; males 75, females 69, the whole number under treatment during that time was 578. The number remaining in the hospital on September 30, 1870 was 434; males 223; females 211.

LIONEL BEALE, F. R. S., author of the well-known work on the microscope, has a new volume in the press, entitled "Disease Germs: their supposed Nature."

MEDICAL AND SURGICAL REPORTER.

PHILADELPHIA, DECEMBER 3, 1870.

S. W. BUTLER, M. D., D. G. BRINTON, M. D., Editors.

Medical Society and Clinical Reports, Notes and Observations, Foreign and Domestic Correspondence, News, etc., etc., of general medical interest, are respectfully solicited.

Articles of special importance, such especially as require original experimental research, analysis, or observation, will be liberally paid for.

To insure publication, articles must be *practical*, *brief* as possible to do justice to the subject, and *carefully prepared*, so as to require little revision.

We particularly value the practical experience of country practitioners, many of whom possess a fund of information that rightfully belongs to the profession.

The Proprietor and Editors disclaim all responsibility for statements made over the names of correspondents.

SPECIAL NOTICE TO SUBSCRIBERS.

HOW TO SAVE MONEY!

For the mutual advantage of ourselves and subscribers, we make the following propositions:

I. To meet the growing demand on our columns, we shall increase the size of the **REPORTER** from two to four pages weekly.

II. Subscribers can reduce the amount of their subscriptions in the following ways—thus saving money, and at the same time aiding us and the cause of an independent medical literature:

The Cash must always accompany the order.

1. By taking all our serials, **REPORTER**, **COMPENDIUM** and **POCKET RECORD**, at \$8 in advance.

2. By paying for the **REPORTER** 2 years in advance, \$9, or 3 years in advance, \$12, etc.

3. By sending new subscribers, and retaining \$1 on each new name paying one year (\$5.00) in advance.

4. By ordering all their periodical literature through this office, thus saving from 20 to 40 per cent.

5. By purchasing their drugs, surgical instruments, etc., etc., through us for cash or C. O. D., thereby saving 5 per cent. on orders above \$50, and 10 per cent. on orders above \$100.

6. To new subscribers remitting directly to us, we propose agents as commissions, and credit them 15 months' subscription for \$5.

III. As a low-priced literature can only be sustained on the principle of **CASH PAYMENTS**, all who are in arrears are urged to make immediate payment, or communicate with us at once—otherwise they must not be surprised if their supplies are stopped.

IV. We propose, with the aid of our friends, to double our subscription list and income, and thus obtain the **CASH IN HAND**, through the liberal outlay of which the value of our publications can be greatly enhanced. Those, therefore, who help us will help themselves.

PROFESSIONAL REGULATIONS IN CANADA.

Few physicians in the United States are acquainted with the rules and regulations which govern the profession in Canada. As the subject is one which will interest many, we will briefly sketch what these are, deriving our information from the official circular of the Executive Committee of the College of Physicians and Surgeons of Ontario.

The College of Physicians and Surgeons of Ontario, incorporated by Act of Parliament, January, 1869, is not a teaching body, but is the Central Examining and sole Licensing Board in the Province.

Before the passing of this Act, eight Institutions and two Boards in Ontario had the power of examining pupils and granting degrees or certificates, entitling the holder, without further examination, to the Provincial License to practice.

Besides these there were a homœopathic and an eclectic board.

Under the present Act, these two boards have ceased to exist, and the degrees or certificates of the institutions no longer command the license.

All applicants now for licenses must be examined in descriptive and surgical anatomy, medical pathology and diagnosis, theoretical and practical chemistry, physiology, sanitary science, toxicology and medical jurisprudence, operative surgery and surgical pathology, botany and operative midwifery.

Having given satisfactory evidence before the general board of examiners of proficiency in these departments, the candidate is then allowed to choose whether he wishes to be registered as a regular, a homœopathic, or an eclectic practitioner. If either of the latter, he is examined by examiners of those respective systems in the following branches: *Materia medica*, therapeutics, surgery other than operative, midwifery other than operative, theory and practice of medicine.

The Examining Board is elected annually by the Council, and consists of twelve members, of whom eight belong to the general profession; two are homœopathic and two are eclectic practitioners.

They do not have quite so much talk about a code of ethics there, as we do, because there is none written, the ordinary principles of honor among gentlemen having, we believe, been found sufficient there to answer the purpose.

By the above system of examinations, the country secures educated physicians, even if they are homœopaths or eclectic, and we confidentially confess our belief that the patient is better off in the hands of a well-educated irregular practitioner, than in those of an ignorant one though he be regular, heretical as such a sentiment may seem.

Furthermore, we like the plan, because it cuts off at once the trade in diplomas, and and dries up the sources of the existence of one-horse, sham medical colleges, which just at present are pouring forth upon our devoted country an annual army of half-educated doctors, who disgrace their calling and abuse the public.

In other words, bold as such a position may appear, we are of opinion that this great country of ours, which we all know is ever so far ahead of the rest of the world, may profitably learn something from its humble neighbor, and take a lesson in internal economy which will be found of advantage.

A LEGION OF LEECHES.

Seventy-four thousand doctors! Think of it. All this number in our country, according to the present census, unless the newspapers inform us falsely. In 1860 there were fifty-five thousand,—an increase of 19,000 in ten years, or nearly two thousand a year!

Ought not these figures to "give us pause?" Reflect a moment what an army they would make, even in this day of big armies; or what a city they would form, larger than any in many of the oldest States.

Or, look at it again from another point of view. What a mint of money it takes to support this army! Probably we are within the mark when we calculate that the average income of the 74,000 from practice is a thousand dollars a year each. This makes \$74,000,000 a year, which the sick pay for medical advice. For their medicines it is safe to say they pay the odd \$26,000,000, which remains to make up \$100,000,000 a year, as what sickness costs the American people. And in this calculation we have left, altogether, out of account the tons and hogsheds of quack medicines, which this misguided people pour down their throats. We could safely estimate that at \$25,000,000 a year more.

As we are economical in spirit, would it not be well to save some of this? Can it not be done? Let the people study these figures a

while, and then reflect that probably one-half, or certainly a large fraction of this expense, is incurred by a deliberate infraction of the laws of health; that if they tipped less, smoked less, overworked less, were less given to lechery and wantonness, ate slower, exercised more judiciously, were less "fast," and less self-indulgent, they would save some thirty or forty millions a year. When hygiene is at a loss for any other argument, she can appeal to frugality, and statistics will show that the appeal is a wise one.

Making money is in America the "chief end of man"—as the Westminster catechism has it. Plenty of advisers are ready with their wise saws how it can be accomplished. We are one of them, and offer a saw quite as true and less trite than any of them, and it is this—keep healthy. Living in the midst of a commercial mart, and in the thick of the desperate conflict for wealth, we have seen many a hero in the fight lose all for want of health, lose it, perhaps, just at the moment when a month or two more of work would have made a fortune.

It is said that when Alexander VI. died, his son, the famous Caesar Borgia, had every provision made to seize the supreme power and make himself master of Italy, that he had every possible contingency guarded, but one, and that was his own physical inability to take advantage of the crisis. But sickened to threatening illness, by the same poisoned wine which killed his father, he lost his chance and died defeated, an exile, and a captive. It were well if many an American business man took warning by the moral this fragment of history conveys, and would remember that the labor of a life may be lost by the preventable illness of a week.

Notes and Comments.

Information Wanted.

On the 14th of November a postal money order was received without an accompanying letter. Will the sender please give his name and residence, and the amount sent, so that we may know to whom to credit it?

Opium Poisoning Treated with Veratrum.

A correspondent in the South asks for the experience of the readers of THE REPORTER with veratrum viride in the treatment of opium poisoning.

Accidents.

Dr. M. A. JOLLY, of Mt. Hebron, Ala., lately had a bad fracture of the leg, and another physician in that vicinity received a serious injury of the foot, in both cases seriously interfering with their business. Of all men in the community, physicians should be supporters of the Accident Insurance Companies.

Poisoning Cosmetics.

We are glad to see this subject occupying the attention of the profession and the public.

At a meeting of the Middlesex East Medical Society held at Arlington, Mass., on Wednesday evening, November 2, a report was read by a committee appointed at a previous meeting, and the secretary was requested to send a copy to each of the newspapers in the district for publication. It begins:

"The attention of the public has of late been called to the subject of 'Poisonous Hair Dyes, and Cosmetics,' and with good reason, for the frequent use of these preparations has been followed, in many cases, by alarming results.

"At a late meeting of the Middlesex East Medical Society, several cases of paralysis, and other nervous diseases resulting from their use were related."

It then quotes from the remarks made by ourselves in *THE REPORTER*, and gives a list of notoriously injurious cosmetics. Such action will do good. We may add in confirmation of its need, that within a week one of the most skillful practitioners in the country districts of this State, said to us, that he had known fully a dozen cases of disease and death in his immediate vicinity directly traceable to this cause.

Detection of the Adulteration of Quinine with Salicine.

Dr. SOLENÉN, says the *American Chemical News*, has comparatively tested the degree of accuracy and sensitiveness of the different tests in use for the detection of the presence of salicine in quinine, which, if made with the view of fraudulent adulteration, will always be at least at the rate of one per cent. of salicine, or more, because less will not pay. The author employed three kinds of sulphuric acid—viz.: the fuming, pure concentrated acid, free from arsenic and nitric acid; ordinary concentrated sulphuric acid of commerce, containing a trace of nitric acid; and, lastly, sulphuric acid to which, purposely, nitric acid had been added. A watch-glass having been placed on a sheet of white paper, and a drop or two of the acids above referred to (each in a separate glass) having been poured therein, a few crystals of the alkaloid (sulphate of quinine) were put on the acid; if pure, there is no coloration, but, even with 1-100th of salicine, the two first named acids caused a distinct red coloration, which did not ensue with the acid containing nitric acid. This latter acid was not even colored by pure salicine.

Correspondence.

DOMESTIC.

Remarks on Dropsy of the Amnion.

EDS. MED. AND SURG. REPORTER:

In *THE REPORTER* for September 24th, and October 1st, 1870, I notice an article of considerable length on the subject of "Dropsy of the Amnion," from the pen of that elegant and forcible writer, Dr. O. A. BATTSON, of Claremont, Ills. The paper evinces deep research, and is evidently the production of a mind well stored with facts connected with obstetric medicine. I am persuaded that in presenting his truly valuable productions to the notice of the scientific public, Dr. B. is only actuated by that philanthropic desire which prompts the true physician to use all means at his command to advance pathological knowledge and with it the welfare of afflicted humanity. Acting upon the foregoing supposition, I hope the doctor will regard the following very imperfect review of his article as the offspring of a desire only to be useful; and that he will, therefore, regard with kindness any views therein expressed, though they be in conflict with his own.

If I correctly comprehend the position assumed by the writer, it is that the amniotic membrane in its structure and functions almost the exact analogue of the serous membranes, and that one of its pathological conditions—namely, inflammation—is always an antecedent to and causative of amniotic dropsy. Not inclined to hazard an opinion as to the "analogy," I am very decidedly of the opinion that reasoning from his own postulate will demonstrate the fact that he has been too exclusive in limiting the malady to that cause alone.

Serous membranes perform a double function, *exhalation*—or *secretion*, if you like the term better—and *absorption*. Upon a healthy balance of these offices depends the normality of their sequence. If "dropsy" is an excessive collection of fluid in a shut cavity, it follows that such excess may occur, not from causes which act upon the secretory functions alone, but from causes also which retard or arrest *absorption*. This may happen whilst exhalation is not only not increased, but whilst it is normal in quantity, or even less than in health. There are doubtless many morbid conditions which may give origin to amniotic dropsy without charging the fault exclusively to inflammation; and prominent among them may be mentioned *diminished vitality* consequent upon anemia, uræmia, leucocythæmia, and probably other altered conditions of the blood incident to the parturient state. Indeed, these conditions may be, and doubtless are, often the source of mischief of a twofold character—favoring escape and retention at the

same time. In just such cases we might expect to find "arrested fetal development" and any other abnormal condition which could have its origin in faulty ovuline nutrition.

When serous membranes (and the amnion also if we keep to the analogy) become inflamed, and effusion of moderate quantity occurs, as a consequence, the liquid is absorbed—often with astonishing rapidity, directly the inflammation subsides. It seems to me therefore that an effusion following an inflammation of so slight a character as would have been requisite to the production of the delicate vascularity, as observed by Dr. B., ought to have been absorbed very early after the subsidence of the inflammation, and particularly so if, as he claims there really was, numerous healthy interspaces in the membrane, situated between the vascular networks. It seems to me, however, that the quantity of the liquor amnii far surpassed what would be a reasonable allowance as the production of so limited a vascularity, even allowing the inflammation to have continued for a time after the formation of the vessels; and had the functions of absorption then been suspended and have remained so permanently.

It may be said in reply that the vascularity favored the secretion of an extra quantity of serum even after the inflammation had passed away; but it may be asked in reply, does not vascularity favor absorption also, thus in health assisting to repair the very mischief wrought by it in disease?

That the function of absorption is quite active in the case of the foetal membranes, we may presume from the simple fact that the mere accumulation of the foetal urine alone, during the last six months of intra-uterine life, would aggregate a quantity of fluid far in excess of what we find in ordinary cases at term. Through this agency, no doubt, much of the effete material eliminated from the foetus and its appendages is carried back into the circulation of the mother; and to this, as one cause, we may turn for a solution of some of the causes of puerperal convulsions and kindred affections in pregnant females.

I am not prepared to deny in an absolute way that inflammation of the amnion is *never* the source of excessive effusion into its cavity, but I think it would be equally logical to say that *all* dropsies are *always* the result of previous inflammations. I am not very much of an enthusiast in regard to specifics, either in therapeutics or pathology.

With humble deference for the opinions of such observers as MERCIER and the author of the article in question, I must say that there are good reasons for believing that inflammation of the amnion never does happen; for during the first two months of foetal life, and sometimes throughout the entire period of pregnancy—as in cases of dropsy of the

chorion or "double waters"—the amnion is totally isolated from contact with vascular structures. Indeed, this is so always, I believe, even in normal conditions, the two membranes merely lying in contact, the inner having no *direct* connection with a ready formed vascular system, save for the space of about one inch at the end of the umbilical cord near the child's navel. I hold this opinion from the fact that very good pathologists are of the opinion that inflammation can only be propagated in the non-vascular structures, such as the cornea, cartilage, etc., of which the amnion is the analogue, without *direct* connection of these parts with vascular structures, the terminal points of whose vessels may serve as a commencement for the system to be generated.

That *placatitis* often happens I suppose is beyond controversy; and that arrested nutrition of the foetus occurs as a consequence seems to me equally conclusive. On the 1st of January, 1867, I was in attendance on Mrs. G., a rather delicate lady, in bed with pulmonary inflammation. She was four and a half months pregnant, and complained greatly with tenderness and pain in the uterine region, which however subsided under proper remedies, and I heard no more of the case until March 20th, when I was summoned to her in labor. After a tedious effort I delivered her of a living infant, which was well formed in every particular, but was *incomparably* the most diminutive specimen of the genus homo which I have ever met—that is, to *live* and *do well*; Its weight, with the usual accompaniment of clothes, being two and one-fourth pounds, and at the age of three months *three* pounds (including the old hat in which it was placed for the convenience of weighing). It is now as heavy as other children of its age. The placenta was firmly adherent, and I could only remove it by piecemeal—therefore could have learned very little as to its size, form or structure, had my mind been directed to the subject. There was no hydrops amnii connected with the case, though in truth this lady had on a former occasion given birth to a child afflicted with spina bifida and imperfect development of the cranial bones. I do not know as to her condition during pregnancy, nor what condition of the amnion obtained at her accouchment, as I was not present. I think this case will establish the truth that *arrested foetal development* is not always due to dropsy of the amnion and also that dropsy of the amnion does not always follow inflammation of the placenta; that inflammation of the amnion is not necessarily connected with *placatitis*, nor is not necessarily followed by effusion if it occur. And further, this case has some bearing on the idea that some vitiated attribute residing in the system of the mother has much to do in the production of such cases.

The theory of Dr. B., as to the probable cause of inflammation attacking the amniotic membrane,

particularly in the early stages of pregnancy, seems to my humble judgment wholly untenable, as the foetal kidneys are only half-formed at the end of the third month of foetal life, and therefore are not fitted for the production of much urine (if any) from which to eliminate an acid. One more point, and I have done.

I certainly think the rough and inaccurate manner in which Dr. B. arrived at his conclusions as to the albuminous flakes he saw "with his own eyes," in the liquor amnii, is calculated to do his otherwise excellent paper an irreparable injury, as it certainly gives room to doubt the accuracy of all his observations. Might not the flakes have been composed of other material than *coagulated albumen*? These flakes were suspended in or floating on the liquid, and were wafted by the wind. FOWNE says that albuminoid flakes *fall* when largely diluted with cold water, and may be collected on a filter and washed.

Albumen, when in a largely diluted condition, as in a large quantity of amniotic water, requires for its *coagulation* 212 degrees of heat, or the addition of a *strong acid*. When we recollect that in the adult, under proper conditions of diet and exercise, both of which favor the elimination of free acids in the urine, that there is only one per cent. in the thousand generated, is it at all probable that the half-starved and diminutive fetus in the quiescent state should furnish urine capable of giving origin to acids strong enough, diluted as they would be, to *coagulate albumen*? And it must be further recollected that these *free acids* supposed by Dr. B., would have certain quantities of alkaline constituents in the urine to neutralize, before beginning their concentration for an attack upon the albumen contained in the liquid. Let the reader imagine the amniotic sac filled with concentrated vinegar, and he will better appreciate the idea. For an admirable illustration of the large increase of the acids in the urine during powerful muscular exertion, see FLINT, Jr., in *New York Med. Gazette*, Oct. 1, 1870.

J. P. CHESNEY, M. D.

* *New Market, Platte county, Mo., Nov. 1.*

NEWS AND MISCELLANY.

Testing the Purity of Hydrate of Chloral.

The purity of hydrate of chloral may, it is said, be tested by means of a concentrated solution of potash. The pure hydrate does not color this at all, or at most only a feeble yellow, and gives forth the pure smell of chloroform. Should the liquid assume a brown color, and the smell of chloro-acetic acid be combined with that of chloroform, or should gases of a pungent odor be developed, which is not seldom the case, the product is impure and unfit for use.

The Long Island College Hospital.

The regents of the Long Island College Hospital, finding their present accommodations insufficient for the growing demands of the city, have contracted for the erection of a new wing to the present hospital buildings, to be completed and ready for the reception of patients by the first of February ensuing. The new building will occupy nearly the entire south front of the present hospital grounds, on the corner of Henry and Amity streets. It will have a frontage of 148 feet on Amity street, by 32 on Henry street, and is to be three stories high.

Medical Services.

In the Supreme Court, New York, recently, Judge Van Brunt presiding, a suit brought by Dr. Charles B. Taylor against Andrew Campbell, for medical services, was tried and a verdict given for the plaintiff. It appears that Mr. Campbell engaged the doctor to treat his son by the Swedish Movement Cure, agreeing to pay him \$125 in case he was successful. The doctor treated him successfully, but did not employ the Swedish Movement Cure, whereupon the defendant declined to pay, and hence the suit.

—"The American Ambulance"—that contrived by Dr. B. HOWARD, of New York, we believe—is giving very great satisfaction to the belligerents in the European war now in progress.

—At a late meeting of the Sumter County (Ala.) Medical Society, Drs. R. D. WEBB, W. G. LITTLE and E. H. SHOLL were appointed delegates to the meeting of the American Medical Association, in San Francisco, next May.

—Dr. T. C. Rowles and lady, of Steubenville, Ohio, celebrated the twenty-fifth anniversary of their marriage on the 4th of November.

MARRIED.

CHASE—PEASE. In Exeter, Oct. 20, by Rev. W. B. Fenlason, Dr. S. W. L. Chase to Miss Augusta A. Pease, all of Exeter, Me.

KING—NEILSON. In New York city, Nov. 10, by Rev. Stephen H. Tyng, D. D., J. Francis King, M. D., of Wilmington, N. C., and Miss Susan Le Roy Neilson, of New York.

MILLER—ELDER. At the residence of the bride's parents, Brinton, Pa., Nov. 15th, 1870, by Rev. J. Marshall, assisted by Rev. Mr. Dallas, Dr. J. A. Miller and Anna V. Elder, daughter of Col. S. Elder.

MOORE—MCCULLOCH. At the residence of the bride's parents, Nov. 9th, by Rev. S. K. Vaught, Dr. C. T. B. Moore and Miss Mary McCulloch, both of Mason county, West Va.

NEALL—GRISCOM. In this city, 24th, 11th month, by Friends' ceremony, Frank Leslie Neall and Harriet Woodnut Griscom, daughter of John D. Griscom, M. D., all of Philadelphia.

PACKER—REDDING. In Claremont, N. H., Nov. 9th, by Rev. F. W. Towle, Dr. N. T. Packer, of Claremont, and Jennette P. Redding, of Amherst, Mass.

TUCKER—MOORE. In Lake Village, N. H., Oct. 23rd, by Rev. K. S. Hall, Henry Tucker, M. D., of Claremont, and Mary Ellen Moore, of the former place.